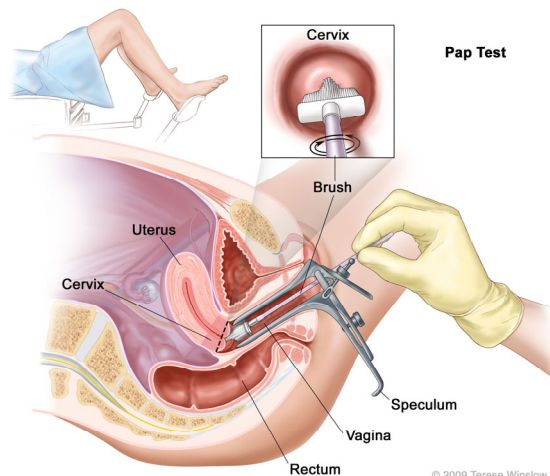


Cervical Cancer

Pap smears and HPV vaccines save lives!!!

HPV vaccine approved for ages 9-45 years old!!! (men and women)



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<https://www.cancer.gov/types/uterine/patient/uterine-sarcoma-treatment-pdq>

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Cervical Cancer – Staging – FIGO 2018

TABLE 1 FIGO staging of cancer of the cervix uteri (2018).

Stage	Description
I	The carcinoma is strictly confined to the cervix (extension to the uterine corpus should be disregarded)
IA	Invasive carcinoma that can be diagnosed only by microscopy, with maximum depth of invasion <5 mm ^a
IA1	Measured stromal invasion <3 mm in depth
IA2	Measured stromal invasion ≥3 mm and <5 mm in depth
IB	Invasive carcinoma with measured deepest invasion ≥5 mm (greater than Stage IA), lesion limited to the cervix uteri ^b
IB1	Invasive carcinoma ≥5 mm depth of stromal invasion, and <2 cm in greatest dimension
IB2	Invasive carcinoma ≥2 cm and <4 cm in greatest dimension
IB3	Invasive carcinoma ≥4 cm in greatest dimension
II	The carcinoma invades beyond the uterus, but has not extended onto the lower third of the vagina or to the pelvic wall
IIA	Involvement limited to the upper two-thirds of the vagina without parametrial involvement
IIA1	Invasive carcinoma <4 cm in greatest dimension
IIA2	Invasive carcinoma ≥4 cm in greatest dimension
IIB	With parametrial involvement but not up to the pelvic wall
III	The carcinoma involves the lower third of the vagina and/or extends to the pelvic wall and/or causes hydronephrosis or nonfunctioning kidney and/or involves pelvic and/or para-aortic lymph nodes ^c
IIIA	The carcinoma involves the lower third of the vagina, with no extension to the pelvic wall
IIIB	Extension to the pelvic wall and/or hydronephrosis or nonfunctioning kidney (unless known to be due to another cause)
IIIC	Involvement of pelvic and/or para-aortic lymph nodes, irrespective of tumor size and extent (with r and p notations) ^d
IIIC1	Pelvic lymph node metastasis only
IIIC2	Para-aortic lymph node metastasis
IV	The carcinoma has extended beyond the true pelvis or has involved (biopsy proven) the mucosa of the bladder or rectum. (A bullous edema, as such, does not permit a case to be allotted to Stage IV)
IVA	Spread to adjacent pelvic organs
IVB	Spread to distant organs

When in doubt, the lower staging should be assigned.

^aImaging and pathology can be used, where available, to supplement clinical findings with respect to tumor size and extent, in all stages.

^bThe involvement of vascular/lymphatic spaces does not change the staging. The lateral extent of the lesion is no longer considered.

^cAdding notation of r (imaging) and p (pathology) to indicate the findings that are used to allocate the case to Stage IIIC. Example: If imaging indicates pelvic lymph node metastasis, the stage allocation would be Stage IIIC1r, and if confirmed by pathologic findings, it would be Stage IIIC1p. The type of imaging modality or pathology technique used should always be documented.

Source: Bhatla et al.¹⁷

Bhatla, Neerja, Aoki, Daisuke, Sharma, Daya Nand, & Sankaranarayanan, Rengaswamy. (2018). Cancer of the cervix uteri. *International Journal of Gynecology and Obstetrics*, 143, 22-36.

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Cervical Cancer – Surgery Candidates

TABLE 1 FIGO staging of cancer of the cervix uteri (2018).

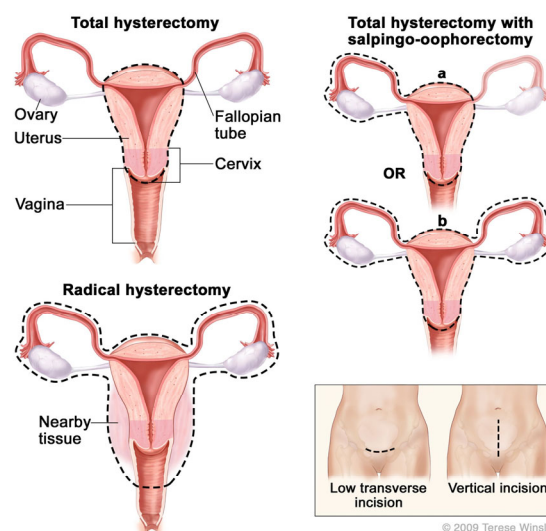
Stage	Description
I	The carcinoma is strictly confined to the cervix (extension to the uterine corpus should be disregarded)
IA	Invasive carcinoma that can be diagnosed only by microscopy, with maximum depth of invasion <5 mm ^a
IA1	Measured stromal invasion <3 mm in depth
IA2	Measured stromal invasion ≥3 mm and <5 mm in depth
IB	Invasive carcinoma with measured deepest invasion ≥5 mm (greater than Stage IA), lesion limited to the cervix uteri ^b
IB1	Invasive carcinoma ≥5 mm depth of stromal invasion, and <2 cm in greatest dimension
IB2	Invasive carcinoma ≥2 cm and <4 cm in greatest dimension

Bhatla, Neerja, Aoki, Daisuke, Sharma, Daya Nand, & Sankaranarayanan, Rengaswamy. (2018). Cancer of the cervix uteri. *International Journal of Gynecology and Obstetrics*, 143, 22-36.

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Cervical Cancer – Radical Hysterectomy



<https://nci-media.cancer.gov/pdq/media/images/612116.jpg>

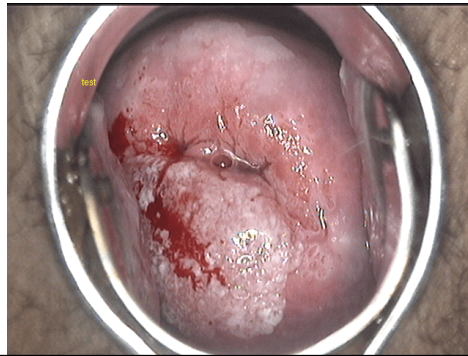
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Cervical Cancer – Case #1

36 yo G0 with abnormal pap smears for several years presented to urgent care for heavy, vaginal bleeding. Soaking through pads in minutes and using dish towels for bleeding. Also soaking through Depends. Sent to ER. Had a drop of 2 g/dL of Hgb. 4 cm, fungating cervical mass seen on exam with STAT biopsies revealing invasive, squamous cell carcinoma. CT chest/abdomen/pelvis without evidence of metastatic spread.



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Cervical Cancer – Case #1

- s/p radical hysterectomy, bilateral salpingectomy, bilateral pelvic lymph node dissection
- Final pathology Stage IB2. No adjuvant therapy. Surveillance only.
- Foley catheter removed outpatient POD#10.
- Following with PT for lymphedema treatment.

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Vulvovaginal Cancer

Objective #5: Illustrate preoperative, perioperative and postoperative care of women diagnosed with **vulvovaginal cancer**.

Clinical presentation: vulvar pruritus (itching) or bleeding

Risk factors: HPV or chronic inflammatory/autoimmune processes

Diagnosis: Biopsy

Treatment: surgery or radiation

Age: 68

Stage: variable

Prognosis: dependent upon stage

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Vulvovaginal Cancer - Staging

Table 5.1 FIGO Staging of Carcinoma of the Vulva (Updated 2009)

I	Tumor confined to the vulva
IA	Lesions ≤ 2 cm in size, confined to the vulva or perineum and with stromal invasion ≤ 1.0 mm*, no nodal metastasis
IB	Lesions > 2 cm in size or with stromal invasion > 1.0 mm*, confined to the vulva or perineum, with negative nodes
II	Tumor of any size with extension to adjacent perineal structures (1/3 lower urethra, 1/3 lower vagina, anus) with negative nodes
III	Tumor of any size with or without extension to adjacent perineal structures (1/3 lower urethra, 1/3 lower vagina, anus) with positive inguinofemoral lymph nodes
IIIA	1. With one lymph node metastasis (≥ 5 mm), or 2. One to two lymph node metastasis(es) (< 5 mm)
IIIB	1. With two or more lymph node metastases (≥ 5 mm), or 2. Three or more lymph node metastases (< 5 mm)
IIIC	With positive nodes with extracapsular spread
IV	Tumor invades other regional (2/3 upper urethra, 2/3 upper vagina) or distant structures
IVA	Tumor invades any of the following: 1. Upper urethral and/or vaginal mucosa, bladder mucosa, rectal mucosa, or fixed to pelvic bone, or 2. Fixed or ulcerated inguinofemoral lymph nodes
IVB	Any distant metastasis including pelvic lymph nodes

*The depth of invasion is defined as the measurement of the tumor from the epithelial-stromal junction of the adjacent most superficial dermal papilla to the deepest point of invasion.
Source: Reprinted with permission from Pecorelli S. Revised FIGO staging for carcinoma of the vulva, cervix, and endometrium. *Int J Gynaecol Obstet*. 2009;105:103-104.

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Vulvovaginal Cancer – Case #1

91 yo G5P4014 noticed “bulge” x several weeks. Became more painful and noticed mass in area. On exam, mass involved clitoris and looked suspicious for malignancy. MRI was ordered and patient referred to gyn onc. Pain continued to worsen and would wake patient up at night. Desired to proceed to OR for definitive tissue diagnosis and surgery.



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Vulvovaginal Cancer – Case #1



After radical
vulvectomy

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